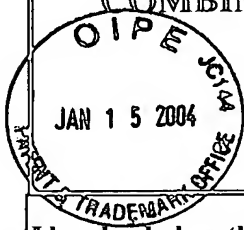


**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 C.F.R. 1.63)  
COMBINED WITH POWER OF  
ATTORNEY**



Attorney Docket No.	CM2495CL
First Named Inventor	Akerman et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	10/614,591
Filing Date	July 7, 2003
Group Art Unit	1751
Examiner Name	TBD
Confirmation Number	7600

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled HALOGENATED AND SULFONATED AZODYES  
the specification of which

(check ☐ is attached hereto.  
one) ☒ was filed on July 7, 2003 (MM/DD/YYYY) as United States  
Application No. or PCT International Application Serial No. 10/614,591  
and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed
0100192.4	Great Britain	5/January/2001	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

I hereby appoint Practitioners at **Customer Number 27752** as my/our attorneys(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to **Customer Number 27752**.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>NAME OF SOLE OR FIRST INVENTOR:</b>			
Given Name David Anthony (first and middle [if any])		Family Name Akerman Or Surname	
Inventor's Signature		Date 8th December 2003	
Residence: City Manchester	State	Country England	Citizenship Great Britain
Mailing Address: <del>Flat 8, 13-15 Queenstown Rd, West Didsbury</del> 63 HILL STREET, WITHINGTON			
City Manchester	State	Zip (or Postal Code) M20 2WZ	Country England

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

(continued)

Attorney Docket No. CM2495CL

<b>NAME OF SECOND INVENTOR:</b>			
Given Name John Anthony (first and middle [if any])		Family Name Taylor Or Surname	
Inventor's Signature <i>John Anthony Taylor</i>		Date <i>December 8<sup>th</sup> 2003</i>	
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<b>NAME OF THIRD INVENTOR:</b>			
Given Name (first and middle [if any])		Family Name Or Surname	
Inventor's Signature		Date	
Residence:   City	State	Country	Citizenship
Mailing Address:			
City	State	Zip (or Postal Code)	Country

<b>NAME OF FOURTH INVENTOR:</b>			
Given Name (first and middle [if any])		Family Name Or Surname	
Inventor's Signature		Date	
Residence:   City	State	Country	Citizenship
Mailing Address:			
City	State	Zip (or Postal Code)	Country

<b>NAME OF FIFTH INVENTOR:</b>			
Given Name (first and middle [if any])		Family Name Or Surname	
Inventor's Signature		Date	
Residence:   City	State	Country	Citizenship
Mailing Address:			
City	State	Zip (or Postal Code)	Country

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